

PARKS, RECREATION & NEIGHBORHOOD SERVICES



Idemnification and Waiver Form

Participant First Name:	Last N	Name:
Address:	City:	z: Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:		Date of Birth:
Emergency Contact Name:		Relation to Participant:
Emergency Contact Home Phone:		Other Phone:
	ul inclusion in programs or activities (eg. vis	tal; medical conditions; or medications that we should be aware visual schedules, time limitations for attention span, assistance v
	Please read and sign the fol	llowing:
hereinafter as "City") from and against any damage, arising, in whole or in part, directly activities at the Lake Cunningham Skate Pa	and all claims, demands, causes of action, c y or indirectly, from my entry onto the Lake rk, except as may arise from the gross negli	t, its officers, agents and employees (collectively referred to or liabilities for damages, personal injury, death or property are Cunningham Skate Park or from my participation in cligence or willful misconduct of City. In any action or claim we legal counsel providing City's defense and such approval
of the Skate Park, except as may be caused Regulations and acknowledge having receiv Skate Park or equipment, which is caused b hazardous recreational activities and may su	by the City's gross negligence or willful mived a copy thereof. Further, I agree that I way my activities. I understand that skateboar ubject me to risk of injury or death. I further	perty damage, injury or death occurring or arising out of use nisconduct. I agree to abide by the Skate Park Rules and will be held financially responsible for any damage to the arding, rollerblading, bmx biking and similar activities are er understand that the City is not responsible in any way for unner and that I assume all such risk of injury or death.
participating at the Lake Cunningham Skate videotape of me for the purpose of promoting	e Park. I give my permission for the City and ng the City of San Jose and San Jose Redevo	graph or videotape the events or activities in which I am nd San Jose Redevelopment Agency to use photographs or velopment Agency and their services/programs. I give my aid to me at this time or in the future for the use of my
I HAVE READ THE ABOVE AGREEM	IENT AND FULLY UNDERSTAND TH	HAT I ASSUME ALL RISKS FOR INJURY RECEIVED.
Participant's Initia	ls: Parent/C	Guardian Initials:
If the Participant is either under 18 years form in the presence of Skate Park staff.	s old or otherwise unable to sign on their	r own behalf, a parent or legal guardian must sign this
Parent or Guardian of Participant Under	r 18 years:	
Parent/Guardian Print Name:		Date:
Parent/Guardian Signature:		
Participant Age 18 or above:		
Print Name:		Date:
Signature:		
FOR OFFICE USE ONLY		
Member #	Date Inputted:	Staff: